

114.3 CMR 18.00: RADIOLOGY

Section

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18.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 18.00 governs the rates of payment used by all governmental units for radiology care and services rendered to publicly-aided patients by eligible providers. 114.3 CMR 18.00 is effective November 1, 2003. Rates for services rendered to individuals covered by M.G.L. c. 152 (the Worker's Compensation Act) are set forth in 114.3 CMR 40.00.

(2) Coverage. 114.3 CMR 18.00 and the rates of payment contained herein shall apply to the following situations for actual services rendered.

(a) Radiology services rendered by an eligible provider who bills for services rendered and who performs these services in a private medical office, clinic, facility or other appropriate setting.

(b) Radiology services rendered in a hospital by an eligible provider who is not under contractual arrangement with the hospital for radiology services.

The rates of payment under 114.3 CMR 18.00 are full compensation for patient care rendered to publicly aided patients, as well as for any related administrative or supervisory duties in connection with patient care and all associated overhead expenses.

(3) Disclaimer of Authorization of Services. 114.3 CMR 18.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 18.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology (CPT)*. The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and

(c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(5)Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 18.00.

18.02: General Definitions

Meaning of Terms. The descriptions and five-digit numeric codes included in the Regulation 114.3 CMR 18.00 are obtained from the Physicians' *Current Procedural Terminology*, copyright 2002 by the American Medical Association (CPT) unless otherwise specified. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology*.

This regulation includes only CPT numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 18.00 shall have the meanings set forth in 114.3 CMR 18.02.

Eligible Provider. A licensed physician, licensed osteopath, licensed podiatrist, licensed dentist, or licensed chiropractor other than an intern, resident, fellow or house officer, who also meets such conditions of participation as may be adopted from time to time by a governmental unit.

A provider of therapeutic and diagnostic radiology services who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies as required by law. Such radiology services may be rendered by eligible providers such as, but not limited to, MRI centers, independent diagnostic testing facilities (IDTFs), portable x-ray providers and mammography vans. These eligible providers may not be owned by a hospital, physician or physician group practice. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000 to provide radiology services. The provider's eligibility is limited to those procedures specified by the governmental

unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration. Radiology services which are authorized but not listed herein, radiology services performed in unusual circumstances, and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative value studies;
- (e) any complications or other circumstances that may be deemed relevant
- (f) the policies, procedures and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth in 114.3 CMR 31.00;
- (h) a copy of the current invoice from the supplier.

Modifiers. Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number.

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Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Radiology Services. Radiology services including diagnostic ultrasound, radiation oncology and nuclear medicine provided for the assessment and/or treatment of a medical condition, injury, or illness.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a "separate procedure."

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service.

Supervision and Interpretation Only. When a procedure is performed by two eligible physicians, the radiologic portion of the procedure is designated as "radiological supervision and interpretation." When an eligible physician performs both the procedure and the imaging supervision and interpretation, a combination of procedure codes outside the 70000 series and imaging supervision and interpretation codes are to be used. The radiological supervision and interpretation codes are not applicable to the Radiology Oncology subsection.

Unlisted Service or Procedure. A service or procedure may be provided that is covered but not listed in 114.3 CMR 18.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report".

18.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 18.00 applies shall be the lowest of:

- (a) the eligible provider's usual fee to patients other than publicly-aided or industrial accident patients; or
- (b) the eligible provider's actual charge submitted; or
- (c) the schedule of allowable fees set forth in 114.3 CMR 18.04(2).

(2) Individual Consideration. See description above under "18.02: General Definitions".

- (3) Under no circumstances shall the professional and technical components of an individual procedure be greater than the allowable fee set forth in 114.3 CMR 18.04(2).
- (4) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payments for services provided by eligible licensed nurse practitioner, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 18.02 is 85% of the fees contained in 114.3 CMR 18.04(2).

18.04: Maximum Allowable Fees

Unless otherwise specified, guidelines, notes and definitions provided in the 2002 CPT Coding Handbook are applicable to the use of the procedure codes and descriptions listed below.

(1) Modifiers:

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of modifier '-26' to the procedure code will allow the professional component allowable fee contained in 114.3 CMR 18.04(2) to be paid.

-51: Multiple Procedures. Most radiology services do not require modifier 51. Modifier 51 applies only to nuclear medicine procedure codes 78306, 78320, 78802, 78803, 78806, 78807 and should be used only when a whole body bone, tumor or infection study is performed on the same day prior to a SPECT bone, tumor, or infection study, respectively. Under these circumstance, the modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 18.04(2) to be paid to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

-59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier

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‘-59’ to the end of the appropriate service code. Modifier ‘-59’ is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate it should be used rather than modifier ‘-59’.

-HN: Bachelor’s Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-TC: Pertains to the technical component for certain radiological procedures. Certain procedures are a combination of a physician, or professional component, and a technical component. When the technical component is reported separately, the addition of modifier ‘-TC’ to the procedure code will allow the technical component allowable fee contained in 114.3 CMR 18.04(2) to be paid.

(2) Fee Schedule

Code	Global Fee	PC ONLY	TC ONLY	Description
70015	84.93	44.69	40.24	Cisternography, positive contrast, radiological supervision and interpretation
70030	18.87	6.55	12.32	Radiologic examination, eye, for detection of foreign body
70100	21.81	6.60	15.21	Radiologic examination, mandible; partial, less than four views
70110	27.36	9.28	18.08	Radiologic examination, mandible; complete, minimum of four views
70120	25.26	6.76	18.50	Radiologic examination, mastoids; less than three views per side
70130	37.08	13.15	23.93	Radiologic examination, mastoids; complete, minimum of three views per side
70134	35.64	13.07	22.57	Radiologic examination, internal auditory meati, complete

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Code	Global Fee	PC ONLY	TC ONLY	Description
70140	25.47	7.22	18.25	Radiologic examination, facial bones; less than three views
70150	33.87	10.01	23.86	Radiologic examination, facial bones; complete, minimum of three views
70160	21.54	6.33	15.21	Radiologic examination, nasal bones, complete, minimum of three views
70170	38.84	11.17	27.67	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	28.22	8.39	19.83	Radiologic examination; optic foramina
70200	34.58	10.82	23.76	Radiologic examination; orbits, complete, minimum of four views
70210	24.41	6.33	18.08	Radiologic examination, sinuses, paranasal, less than three views
70220	32.00	9.28	22.72	Radiologic examination, sinuses, paranasal, complete, minimum of three views
70240	19.60	7.34	12.26	Radiologic examination, sella turcica
70250	27.71	9.03	18.68	Radiologic examination, skull; less than four views, with or without stereo
70260	40.34	13.13	27.21	Radiologic examination, skull; complete, minimum of four views, with or without stereo
70300	11.75	3.95	7.80	Radiologic examination, teeth; single view
70310	18.33	6.37	11.96	Radiologic examination, teeth; partial examination, less than full mouth
70320	30.94	8.22	22.72	Radiologic examination, teeth; complete, full mouth
70328	21.85	6.89	14.96	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	34.08	8.95	25.13	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	83.52	20.54	62.98	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	379.83	54.80	325.03	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350	17.54	6.39	11.15	Cephalogram, orthodontic
70355	24.01	7.41	16.60	Orthopantomogram
70360	18.29	6.33	11.96	Radiologic examination; neck, soft tissue
70370	49.60	11.67	37.93	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	96.20	32.60	63.60	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70373	70.37	16.69	53.68	Laryngography, contrast, radiological supervision and interpretation
70380	25.95	6.43	19.52	Radiologic examination, salivary gland for calculus
70390	68.73	14.61	54.12	Sialography, radiological supervision and interpretation

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Code	Global Fee	PC ONLY	TC ONLY	Description
70450	176.77	33.06	143.71	Computed tomography, head or brain; without contrast material
70460	214.14	43.51	170.63	Computed tomography, head or brain; with contrast material(s)
70470	262.88	49.14	213.74	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	191.54	49.23	142.31	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	223.71	52.91	170.80	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	268.86	55.66	213.20	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	185.73	43.69	142.04	Computed tomography, maxillofacial area; without contrast material
70487	220.53	50.06	170.47	Computed tomography, maxillofacial area; with contrast material(s)
70488	268.24	54.66	213.58	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	191.54	49.23	142.31	Computed tomography, soft tissue neck; without contrast material
70491	223.71	52.91	170.80	Computed tomography, soft tissue neck; with contrast material(s)
70492	270.05	55.91	214.14	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	275.58	67.25	208.33	Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70498	275.58	67.25	208.33	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70540	395.05	52.56	342.49	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)
70542	445.41	59.48	385.93	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)
70543	793.35	78.81	714.54	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	369.28	44.25	325.03	Magnetic resonance angiography, head; without contrast material(s)

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Code	Global Fee	PC ONLY	TC ONLY	Description
70545	369.28	44.25	325.03	Magnetic resonance angiography, head; with contrast material(s)
70546	707.21	66.46	640.75	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	369.28	44.25	325.03	Magnetic resonance angiography, neck; without contrast material(s)
70548	369.28	44.25	325.03	Magnetic resonance angiography, neck; with contrast material(s)
70549	707.21	66.46	640.75	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	395.05	56.99	338.06	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	475.18	69.04	406.14	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	848.62	91.40	757.22	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
71010	20.33	6.60	13.73	Radiologic examination, chest; single view, frontal
71015	22.87	7.66	15.21	Radiologic examination, chest; stereo, frontal
71020	26.30	8.22	18.08	Radiologic examination, chest, two views, frontal and lateral;
71021	31.35	9.80	21.55	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure
71022	33.16	11.61	21.55	Radiologic examination, chest, two views, frontal and lateral; with oblique projections
71023	37.03	14.31	22.72	Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy
71030	34.14	11.42	22.72	Radiologic examination, chest, complete, minimum of four views;
71034	59.24	17.25	41.99	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy
71035	21.81	6.60	15.21	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)
71040	66.72	22.32	44.40	Bronchography, unilateral, radiological supervision and interpretation
71060	95.49	28.52	66.97	Bronchography, bilateral, radiological supervision and interpretation
71090	70.00	20.79	49.21	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
71100	25.70	8.51	17.19	Radiologic examination, ribs, unilateral; two views

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Code	Global Fee	PC ONLY	TC ONLY	Description
71101	30.83	10.40	20.43	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71110	34.31	10.34	23.97	Radiologic examination, ribs, bilateral; three views
71111	39.14	12.17	26.97	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views
71120	26.38	7.41	18.97	Radiologic examination; sternum, minimum of two views
71130	28.67	8.22	20.45	Radiologic examination; sternoclavicular joint or joints, minimum of three views
71250	222.55	44.57	177.98	Computed tomography, thorax; without contrast material
71260	260.97	47.46	213.51	Computed tomography, thorax; with contrast material(s)
71270	320.75	53.06	267.69	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	328.59	73.30	255.29	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
71550	424.48	60.27	364.21	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	450.08	63.38	386.70	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	794.80	83.02	711.78	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	I.C.	I.C.	I.C.	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72010	47.40	17.17	30.23	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	18.20	5.76	12.44	Radiologic examination, spine, single view, specify level
72040	25.70	8.22	17.48	Radiologic examination, spine, cervical; two or three views
72050	37.49	11.61	25.88	Radiologic examination, spine, cervical; minimum of four views
72052	46.19	13.50	32.69	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72069	23.02	8.70	14.32	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070	27.19	8.22	18.97	Radiologic examination, spine; thoracic, two views
72072	29.77	8.22	21.55	Radiologic examination, spine; thoracic, three views
72074	34.69	8.22	26.47	Radiologic examination, spine; thoracic, minimum of four views
72080	27.68	8.41	19.27	Radiologic examination, spine; thoracolumbar, two views

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Code	Global Fee	PC ONLY	TC ONLY	Description
72090	29.82	10.55	19.27	Radiologic examination, spine; scoliosis study, including supine and erect studies
72100	27.68	8.41	19.27	Radiologic examination, spine, lumbosacral; two or three views
72110	38.08	11.61	26.47	Radiologic examination, spine, lumbosacral; minimum of four views
72114	48.17	13.69	34.48	Radiologic examination, spine, lumbosacral; complete, including bending views
72120	34.29	8.41	25.88	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125	222.55	44.57	177.98	Computed tomography, cervical spine; without contrast material
72126	258.93	46.65	212.28	Computed tomography, cervical spine; with contrast material
72127	316.88	49.19	267.69	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	222.55	44.57	177.98	Computed tomography, thoracic spine; without contrast material
72129	258.93	46.65	212.28	Computed tomography, thoracic spine; with contrast material
72130	316.88	49.19	267.69	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	222.55	44.57	177.98	Computed tomography, lumbar spine; without contrast material
72132	258.93	46.83	212.10	Computed tomography, lumbar spine; with contrast material
72133	315.20	48.92	266.28	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	403.06	61.98	341.08	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	479.17	74.32	404.85	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	440.32	61.94	378.38	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	479.17	74.05	405.12	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	432.46	57.01	375.45	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	475.19	69.22	405.97	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)

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Code	Global Fee	PC ONLY	TC ONLY	Description
72156	853.88	99.37	754.51	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	853.88	99.10	754.78	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	848.60	91.57	757.03	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	429.92	69.12	360.80	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170	21.54	6.33	15.21	Radiologic examination, pelvis; one or two views
72190	26.93	7.66	19.27	Radiologic examination, pelvis; complete, minimum of three views
72191	314.21	68.99	245.22	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
72192	220.42	41.90	178.52	Computed tomography, pelvis; without contrast material
72193	250.80	44.57	206.23	Computed tomography, pelvis; with contrast material(s)
72194	301.73	46.71	255.02	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	376.26	53.58	322.68	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	449.89	63.19	386.70	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	798.73	83.02	715.71	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	394.15	69.12	325.03	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200	21.54	6.33	15.21	Radiologic examination, sacroiliac joints; less than three views
72202	25.47	7.22	18.25	Radiologic examination, sacroiliac joints; three or more views
72220	23.12	6.39	16.73	Radiologic examination, sacrum and coccyx, minimum of two views
72240	180.24	35.10	145.14	Myelography, cervical, radiological supervision and interpretation
72255	167.36	34.91	132.45	Myelography, thoracic, radiological supervision and interpretation
72265	156.87	32.08	124.79	Myelography, lumbosacral, radiological supervision and interpretation

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72270	235.99	51.31	184.68	Myelography, entire spinal canal, radiological supervision and interpretation
72275	88.84	26.32	62.52	Epidurography, radiological supervision and interpretation
72285	285.57	42.53	243.04	Diskography, cervical or thoracic, radiological supervision and interpretation
72295	269.38	31.96	237.42	Diskography, lumbar, radiological supervision and interpretation
73000	21.29	6.08	15.21	Radiologic examination; clavicle, complete
73010	21.54	6.33	15.21	Radiologic examination; scapula, complete
73020	19.26	5.53	13.73	Radiologic examination, shoulder; one view
73030	23.20	6.60	16.60	Radiologic examination, shoulder; complete, minimum of two views
73040	81.04	20.08	60.96	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73050	26.88	7.61	19.27	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	22.93	6.33	16.60	Radiologic examination; humerus, minimum of two views
73070	20.74	5.53	15.21	Radiologic examination, elbow; two views
73080	23.41	6.47	16.94	Radiologic examination, elbow; complete, minimum of three views
73085	81.35	20.39	60.96	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
73090	21.29	6.08	15.21	Radiologic examination; forearm, two views
73092	20.40	6.08	14.32	Radiologic examination; upper extremity, infant, minimum of two views
73100	20.60	6.28	14.32	Radiologic examination, wrist; two views
73110	22.16	6.43	15.73	Radiologic examination, wrist; complete, minimum of three views
73115	67.89	20.83	47.06	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
73120	20.40	6.08	14.32	Radiologic examination, hand; two views
73130	22.16	6.43	15.73	Radiologic examination, hand; minimum of three views
73140	16.99	5.03	11.96	Radiologic examination, finger(s), minimum of two views
73200	191.33	41.84	149.49	Computed tomography, upper extremity; without contrast material
73201	222.55	44.57	177.98	Computed tomography, upper extremity; with contrast material(s)
73202	269.50	46.81	222.69	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections

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Code	Global Fee	PC ONLY	TC ONLY	Description
73206	284.27	68.99	215.28	Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73218	371.09	49.39	321.70	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	445.41	59.48	385.93	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	517.97	51.56	466.41	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	371.09	49.39	321.70	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	445.41	59.48	385.93	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	793.35	78.81	714.54	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	391.48	66.45	325.03	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73500	20.06	6.33	13.73	Radiologic examination, hip, unilateral; one view
73510	24.46	7.86	16.60	Radiologic examination, hip, unilateral; complete, minimum of two views
73520	30.35	10.19	20.16	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73525	84.43	21.16	63.27	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73530	26.42	10.86	15.56	Radiologic examination, hip, during operative procedure
73540	24.21	7.61	16.60	Radiologic examination, pelvis and hips, infant or child, minimum of two views
73542	81.74	20.78	60.96	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation
73550	22.93	6.33	16.60	Radiologic examination, femur, two views
73560	21.74	6.53	15.21	Radiologic examination, knee; one or two views
73562	23.87	6.93	16.94	Radiologic examination, knee; three views
73564	27.02	8.59	18.43	Radiologic examination, knee; complete, four or more views
73565	21.16	6.84	14.32	Radiologic examination, knee; both knees, standing, anteroposterior
73580	100.24	20.91	79.33	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	21.54	6.33	15.21	Radiologic examination; tibia and fibula, two views

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Code	Global Fee	PC ONLY	TC ONLY	Description
73592	20.40	6.08	14.32	Radiologic examination; lower extremity, infant, minimum of two views
73600	20.40	6.08	14.32	Radiologic examination, ankle; two views
73610	22.16	6.43	15.73	Radiologic examination, ankle; complete, minimum of three views
73615	83.53	20.70	62.83	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	20.40	6.08	14.32	Radiologic examination, foot; two views
73630	22.16	6.43	15.73	Radiologic examination, foot; complete, minimum of three views
73650	19.81	6.08	13.73	Radiologic examination; calcaneus, minimum of two views
73660	16.99	5.03	11.96	Radiologic examination; toe(s), minimum of two views
73700	191.33	41.84	149.49	Computed tomography, lower extremity; without contrast material
73701	222.55	44.57	177.98	Computed tomography, lower extremity; with contrast material(s)
73702	269.50	46.63	222.87	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	287.77	72.49	215.28	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73718	371.09	49.39	321.70	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	445.12	59.19	385.93	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	517.97	51.56	466.41	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	371.09	49.39	321.70	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	445.60	59.67	385.93	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	793.35	78.81	714.54	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	I.C.	I.C.	I.C.	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74000	21.81	6.60	15.21	Radiologic examination, abdomen; single anteroposterior view

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Code	Global Fee	PC ONLY	TC ONLY	Description
74010	26.32	8.90	17.42	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
74020	28.92	10.17	18.75	Radiologic examination, abdomen; complete, including decubitus and/or erect views
74022	34.44	12.11	22.33	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	215.51	45.55	169.96	Computed tomography, abdomen; without contrast material
74160	256.00	48.85	207.15	Computed tomography, abdomen; with contrast material(s)
74170	310.84	53.93	256.91	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74175	317.71	72.49	245.22	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
74181	402.59	57.15	345.44	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	450.08	63.38	386.70	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	798.73	83.02	715.71	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	I.C.	I.C.	I.C.	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	55.68	17.75	37.93	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
74210	47.98	13.50	34.48	Radiologic examination; pharynx and/or cervical esophagus
74220	51.42	16.94	34.48	Radiologic examination; esophagus
74230	60.57	20.66	39.91	Swallowing function, with cineradiography/videoradiography
74235	123.54	45.04	78.50	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	67.99	25.42	42.57	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241	68.59	25.42	43.17	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB
74245	102.80	33.64	69.16	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films

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Code	Global Fee	PC ONLY	TC ONLY	Description
74246	73.23	25.42	47.81	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247	74.61	25.42	49.19	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB
74249	108.33	33.64	74.69	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through
74250	55.12	17.19	37.93	Radiologic examination, small intestine, includes multiple serial films;
74251	63.35	25.42	37.93	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube
74260	61.44	18.27	43.17	Duodenography, hypotonic
74270	75.21	25.42	49.79	Radiologic examination, colon; barium enema, with or without KUB
74280	101.58	36.58	65.00	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon
74283	153.01	76.65	76.36	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290	33.93	11.92	22.01	Cholecystography, oral contrast;
74291	19.80	7.57	12.23	Cholecystography, oral contrast; additional or repeat examination or multiple day examination
74300		13.50		Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301		7.66		Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)
74305	39.72	16.19	23.53	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320	118.08	21.10	96.98	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327	80.52	26.86	53.66	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation
74328	122.98	27.23	95.75	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation

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Code	Global Fee	PC ONLY	TC ONLY	Description
74329	122.98	27.23	95.75	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	124.77	33.39	91.38	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340	101.47	21.01	80.46	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74350	124.76	29.34	95.42	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation
74355	108.40	29.00	79.40	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	115.35	20.62	94.73	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363	219.90	34.18	185.72	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation
74400	67.21	18.02	49.19	Urography (pyelography), intravenous, with or without KUB, with or without tomography
74410	74.63	18.02	56.61	Urography, infusion, drip technique and/or bolus technique;
74415	79.58	18.02	61.56	Urography, infusion, drip technique and/or bolus technique; with nephrotomography
74420	89.67	13.50	76.17	Urography, retrograde, with or without KUB
74425	51.43	13.50	37.93	Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430	42.49	11.86	30.63	Cystography, minimum of three views, radiological supervision and interpretation
74440	48.56	14.56	34.00	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445	76.59	42.97	33.62	Corpora cavernosography, radiological supervision and interpretation
74450	55.99	12.65	43.34	Urethrocystography, retrograde, radiological supervision and interpretation
74455	59.61	12.42	47.19	Urethrocystography, voiding, radiological supervision and interpretation
74470	59.03	20.95	38.08	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74475	146.46	21.08	125.38	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

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Code	Global Fee	PC ONLY	TC ONLY	Description
74480	146.46	21.08	125.38	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74485	118.09	21.28	96.81	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation
74710	45.69	13.38	32.31	Pelvimetry, with or without placental localization
74740	53.82	14.52	39.30	Hysterosalpingography, radiological supervision and interpretation
74742	117.12	23.68	93.44	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775	67.83	24.01	43.82	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
75552	400.89	61.63	339.26	Cardiac magnetic resonance imaging for morphology; without contrast material
75553	423.94	78.77	345.17	Cardiac magnetic resonance imaging for morphology; with contrast material
75554	417.54	72.95	344.59	Cardiac magnetic resonance imaging for function, with or without morphology; complete study
75555	411.51	69.64	341.87	Cardiac magnetic resonance imaging for function, with or without morphology; limited study
75556	I.C.			Cardiac magnetic resonance imaging for velocity flow mapping
75600	384.06	18.91	365.15	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	419.01	44.15	374.86	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	422.63	43.98	378.65	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	448.25	67.39	380.86	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	337.06	91.84	245.22	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
75650	436.58	57.45	379.13	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation
75658	419.26	49.64	369.62	Angiography, brachial, retrograde, radiological supervision and interpretation
75660	428.10	50.70	377.40	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation

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Code	Global Fee	PC ONLY	TC ONLY	Description
75662	435.02	64.15	370.87	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665	426.77	50.45	376.32	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671	441.01	63.73	377.28	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676	426.77	50.45	376.32	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680	441.01	63.73	377.28	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685	430.37	50.70	379.67	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75705	465.41	84.97	380.44	Angiography, spinal, selective, radiological supervision and interpretation
75710	420.03	44.15	375.88	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	430.37	50.70	379.67	Angiography, extremity, bilateral, radiological supervision and interpretation
75722	419.01	44.15	374.86	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation
75724	424.15	57.30	366.85	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation
75726	425.25	43.98	381.27	Angiography, visceral, selective or supraselective, (with or without flush aortogram), radiological supervision and interpretation
75731	425.25	43.98	381.27	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	428.12	50.43	377.69	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	425.25	44.25	381.00	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation
75741	430.37	50.41	379.96	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	442.83	63.56	379.27	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	426.82	44.13	382.69	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	409.43	44.28	365.15	Angiography, internal mammary, radiological supervision and interpretation

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Code	Global Fee	PC ONLY	TC ONLY	Description
75774	382.52	13.63	368.89	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75790	108.85	68.78	40.07	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation
75801	193.45	31.10	162.35	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	207.31	44.69	162.62	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	215.17	31.35	183.82	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	228.11	44.75	183.36	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	40.40	17.58	22.82	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVein shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810	425.24	44.15	381.09	Splenoportography, radiological supervision and interpretation
75820	54.91	26.59	28.32	Venography, extremity, unilateral, radiological supervision and interpretation
75822	84.14	40.16	43.98	Venography, extremity, bilateral, radiological supervision and interpretation
75825	425.24	44.15	381.09	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	425.25	43.98	381.27	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	425.25	43.98	381.27	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	436.52	57.45	379.07	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	425.24	44.88	380.36	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	436.50	57.18	379.32	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	422.63	44.71	377.92	Venography, sinus or jugular, catheter, radiological supervision and interpretation
75870	425.25	44.71	380.54	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	425.25	43.98	381.27	Venography, epidural, radiological supervision and interpretation

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Code	Global Fee	PC ONLY	TC ONLY	Description
75880	54.91	26.90	28.01	Venography, orbital, radiological supervision and interpretation
75885	438.34	55.53	382.81	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	438.34	55.53	382.81	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	425.25	43.98	381.27	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	425.25	43.98	381.27	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	406.61	21.01	385.60	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	780.16	50.70	729.46	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75896	677.14	50.46	626.68	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
75898	93.29	62.29	31.00	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
75900	652.38	18.75	633.63	Exchange of a previously placed arterial catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
75901	70.09	18.01	52.08	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
75902	66.34	14.26	52.08	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
75940	406.61	21.20	385.41	Percutaneous placement of IVC filter, radiological supervision and interpretation
75945	150.99	15.65	135.34	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946	84.56	15.52	69.04	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)
75952		182.26		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation

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Code	Global Fee	PC ONLY	TC ONLY	Description
75953		64.27		Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
75954		62.50		Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation
75960	478.71	31.79	446.92	Transcatheter introduction of intravascular stent(s), (non-coronary vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel
75961	476.25	161.87	314.38	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation
75962	496.39	21.20	475.19	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation
75964	256.83	13.50	243.33	Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75966	514.51	50.43	464.08	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
75968	256.92	13.59	243.33	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75970	379.45	32.15	347.30	Transcatheter biopsy, radiological supervision and interpretation
75978	551.74	23.03	528.71	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation
75980	218.90	55.20	163.70	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
75982	239.85	55.26	184.59	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation
75984	85.66	27.30	58.36	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, gastrointestinal system, genitourinary system, abscess), radiological supervision and interpretation
75989	139.35	45.29	94.06	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation

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Code	Global Fee	PC ONLY	TC ONLY	Description
75992	489.44	20.72	468.72	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
75993	256.92	13.59	243.33	Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75994	512.89	50.27	462.62	Transluminal atherectomy, renal, radiological supervision and interpretation
75995	521.71	50.31	471.40	Transluminal atherectomy, visceral, radiological supervision and interpretation
75996	256.33	13.00	243.33	Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
76000	44.57	6.64	37.93	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001	101.08	24.91	76.17	Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
76003	58.01	20.08	37.93	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
76005	58.96	21.03	37.93	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction
76006	15.45			Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
76010	21.81	6.60	15.21	Radiologic examination from nose to rectum for foreign body, single view, child
76012		53.56		Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; under fluoroscopic guidance
76013		61.15		Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; under CT guidance
76020	22.35	7.14	15.21	Bone age studies
76040	33.21	10.49	22.72	Bone length studies (orthoroentgenogram, scanogram)
76061	45.84	16.69	29.15	Radiologic examination, osseous survey; limited (eg, for metastases)
76062	61.88	19.89	41.99	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
76065	43.44	23.59	19.85	Radiologic examination, osseous survey, infant
76066	44.19	11.65	32.54	Joint survey, single view, two or more joints (specify)

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Code	Global Fee	PC ONLY	TC ONLY	Description
76070	95.15	9.59	85.56	Computed tomography, bone mineral density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)
76071	95.86	7.92	87.94	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
76075	101.26	11.19	90.07	Dual energy x-ray absorptiometry (DEXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)
76076	51.68	14.00	37.68	Dual energy x-ray absorptiometry (DEXA), bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
76078	31.10	8.03	23.07	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), one or more sites
76080	53.24	20.97	32.27	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76085	11.13	2.33	8.80	Digitization of film radiographic images with computer analysis for lesion detection and further physician review for interpretation, mammography (List separately in addition to code for primary procedure)
76086	94.29	14.19	80.10	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
76088	128.16	17.39	110.77	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
76090	56.60	25.97	30.63	Mammography; unilateral
76091	69.76	31.83	37.93	Mammography; bilateral
76092	68.22	28.38	39.84	Screening mammography, bilateral (two view film study of each breast)
76093	630.43	66.35	564.08	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
76094	842.61	67.23	775.38	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
76095	275.68	61.15	214.53	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
76096	61.33	21.78	39.55	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
76098	18.04	6.08	11.96	Radiological examination, surgical specimen
76100	60.36	22.45	37.91	Radiologic examination, single plane body section (eg, tomography), other than with urography

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Code	Global Fee	PC ONLY	TC ONLY	Description
76101	65.59	22.35	43.24	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102	75.21	22.43	52.78	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral
76120	44.99	14.32	30.67	Cineradiography/videoradiography, except where specifically included
76125	33.23	10.22	23.01	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
76140	I.C.			Consultation on x-ray examination made elsewhere, written report
76150	11.97			Xeroradiography
76350	I.C.			Subtraction in conjunction with contrast studies
76355	294.07	46.81	247.26	Computed tomography guidance for stereotactic localization
76360	294.32	44.50	249.82	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
76362	403.70	147.54	256.16	Computerized axial tomographic guidance for, and monitoring of, tissue ablation
76370	121.39	32.67	88.72	Computed tomography guidance for placement of radiation therapy fields
76375	111.85	6.26	105.59	Coronal, sagittal, multiplanar, oblique, 3-dimensional and/or holographic reconstruction of computerized axial tomography, magnetic resonance imaging, or other tomographic modality
76380	I.C.	I.C.	I.C.	Computed tomography, limited or localized follow-up study
76390	381.92	52.62	329.30	Magnetic resonance spectroscopy
76393	379.75	55.30	324.45	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
76394	496.77	156.03	340.74	Magnetic resonance guidance for, and monitoring of, tissue ablation
76400	430.63	66.21	364.42	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
76490	121.57	74.17	47.40	Ultrasound guidance for, and monitoring of, tissue ablation
76496	I.C.			Unlisted fluoroscopic procedure (eg, diagnostic, interventional)

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Code	Global Fee	PC ONLY	TC ONLY	Description
76497	I.C.			Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498	I.C.			Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	I.C.	I.C.	I.C.	Unlisted diagnostic radiographic procedure
76506	66.22	24.61	41.61	Echoencephalography, B-scan and/or real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
76511	87.15	34.39	52.76	Ophthalmic ultrasound, echography, diagnostic; A-scan only, with amplitude quantification
76512	90.55	25.76	64.79	Ophthalmic ultrasound, echography, diagnostic; contact B-scan (with or without simultaneous A-scan)
76513	90.53	23.03	67.50	Ophthalmic ultrasound, echography, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76516	74.34	21.37	52.97	Ophthalmic biometry by ultrasound echography, A-scan;
76519	71.88	21.78	50.10	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
76529	79.91	18.97	60.94	Ophthalmic ultrasonic foreign body localization
76536	64.90	21.64	43.26	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation
76604	61.13	21.20	39.93	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation
76645	53.27	21.10	32.17	Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation
76700	90.22	30.96	59.26	Ultrasound, abdominal, B-scan and/or real time with image documentation; complete
76705	65.72	22.78	42.94	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76770	87.46	28.25	59.21	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete
76775	65.59	22.35	43.24	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited
76778	87.47	28.26	59.21	Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study
76800	84.83	42.24	42.59	Ultrasound, spinal canal and contents

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Code	Global Fee	PC ONLY	TC ONLY	Description
76801	69.67	36.88	32.79	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation
76802	54.00	30.99	23.01	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76805	114.27	43.07	71.20	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	227.26	86.03	141.23	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	183.01	71.89	111.12	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	104.83	67.33	37.50	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	76.71	28.52	48.19	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
76816	62.91	25.13	37.78	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	73.70	27.95	45.75	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	88.72	40.78	47.94	Fetal biophysical profile; with non-stress testing
76819	75.97	29.05	46.92	Fetal biophysical profile; without non-stress testing
76825	131.12	68.58	62.54	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;

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Code	Global Fee	PC ONLY	TC ONLY	Description
76826	65.72	39.34	26.38	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	96.54	29.21	67.33	Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; complete
76828	63.65	25.26	38.39	Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
76830	81.54	29.75	51.79	Ultrasound, transvaginal
76831	72.76	27.49	45.27	Hysterosonography, with or without color flow Doppler
76856	73.09	26.67	46.42	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
76857	45.70	14.34	31.36	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)
76870	70.03	24.32	45.71	Ultrasound, scrotum and contents
76872	72.57	26.61	45.96	Echography, transrectal;
76873	118.92	57.38	61.54	Echography, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76880	65.72	22.78	42.94	Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation
76885	73.90	28.19	45.71	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)
76886	66.58	23.80	42.78	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)
76930	70.83	25.95	44.88	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932	70.31	25.76	44.55	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	280.69	80.91	199.78	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76941	95.65	51.29	44.36	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	72.09	25.90	46.19	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	88.72	31.90	56.82	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation

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Code	Global Fee	PC ONLY	TC ONLY	Description
76946	60.15	14.77	45.38	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76948	60.54	14.56	45.98	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76950	61.02	22.20	38.82	Ultrasonic guidance for placement of radiation therapy fields
76965	279.17	65.41	213.76	Ultrasonic guidance for interstitial radioelement application
76970	46.59	15.19	31.40	Ultrasound study follow-up (specify)
76975	74.24	29.98	44.26	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	25.99	2.08	23.91	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76986	121.90	45.04	76.86	Ultrasonic guidance, intraoperative
76999	I.C.	I.C.	I.C.	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77261	53.47			Therapeutic radiology treatment planning; simple
77262	80.25			Therapeutic radiology treatment planning; intermediate
77263	119.64			Therapeutic radiology treatment planning; complex
77280	130.83	26.80	104.03	Therapeutic radiology simulation-aided field setting; simple
77285	205.30	39.89	165.41	Therapeutic radiology simulation-aided field setting; intermediate
77290	253.58	59.44	194.14	Therapeutic radiology simulation-aided field setting; complex
77295	995.70	172.44	823.26	Therapeutic radiology simulation-aided field setting; three-dimensional
77299	I.C.	I.C.	I.C.	Unlisted procedure, therapeutic radiology clinical treatment planning
77300	62.15	23.03	39.12	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
77301	1,114.11	303.50	810.61	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77305	79.92	25.97	53.95	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)

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Code	Global Fee	PC ONLY	TC ONLY	Description
77310	106.69	39.01	67.68	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)
77315	135.20	57.84	77.36	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77321	152.43	35.25	117.18	Special teletherapy port plan, particles, hemibody, total body
77326	103.29	34.73	68.56	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)
77327	152.48	51.70	100.78	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328	221.42	77.67	143.75	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77331	46.92	32.31	14.61	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	59.01	19.89	39.12	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	86.37	31.25	55.12	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	140.49	46.15	94.34	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336	86.46			Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77370	101.07			Special medical radiation physics consultation
77399	I.C.	I.C.	I.C.	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	51.57			Radiation treatment delivery, superficial and/or ortho voltage
77402	51.57			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV

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Code	Global Fee	PC ONLY	TC ONLY	Description
77403	51.57			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV
77404	51.57			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV
77406	51.57			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater
77407	60.66			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408	60.66			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 6-10 MeV
77409	60.66			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 11-19 MeV
77411	60.66			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
77412	67.69			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); up to 5 MeV
77413	67.69			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 6-10 MeV
77414	67.69			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 11-19 MeV
77416	67.69			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 20 MeV or greater
77417	17.20			Therapeutic radiology port film(s)
77418	478.55			Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams (eg, binary, dynamic MLC), per treatment session
77427	133.02			Radiation treatment management, five treatments
77431	69.49			Radiation therapy management with complete course of therapy consisting of one or two fractions only

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Code	Global Fee	PC ONLY	TC ONLY	Description
77432	331.35			Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)
77470	410.40	79.44	330.96	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
77499	I.C.	I.C.	I.C.	Unlisted procedure, therapeutic radiology treatment management
77520	I.C.			Proton treatment delivery; simple, without compensation
77522	I.C.			Proton treatment delivery; simple, with compensation
77523	I.C.			Proton treatment delivery; intermediate
77525	I.C.			Proton treatment delivery; complex
77600	150.08	59.49	90.59	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	197.55	79.08	118.47	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	150.08	59.36	90.72	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	199.16	78.88	120.28	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	147.42	58.74	88.68	Hyperthermia generated by intracavitary probe(s)
77750	220.71	181.87	38.84	Infusion or instillation of radioelement solution
77761	207.38	134.47	72.91	Intracavitary radiation source application; simple
77762	315.00	210.18	104.82	Intracavitary radiation source application; intermediate
77763	449.23	319.21	130.02	Intracavitary radiation source application; complex
77776	240.37	175.89	64.48	Interstitial radiation source application; simple
77777	390.71	268.00	122.71	Interstitial radiation source application; intermediate
77778	564.70	415.71	148.99	Interstitial radiation source application; complex
77781	650.62	61.79	588.83	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters
77782	681.40	92.57	588.83	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters
77783	727.27	138.44	588.83	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters
77784	797.08	208.25	588.83	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters
77789	54.62	41.49	13.13	Surface application of radiation source
77790	53.62	39.01	14.61	Supervision, handling, loading of radiation source
77799	I.C.	I.C.	I.C.	Unlisted procedure, clinical brachytherapy
78000	36.10	7.30	28.80	Thyroid uptake; single determination
78001	51.02	10.24	40.78	Thyroid uptake; multiple determinations
78003	41.84	12.63	29.21	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)

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Code	Global Fee	PC ONLY	TC ONLY	Description
78006	87.47	18.31	69.16	Thyroid imaging, with uptake; single determination
78007	95.67	19.04	76.63	Thyroid imaging, with uptake; multiple determinations
78010	68.88	14.83	54.05	Thyroid imaging; only
78011	89.65	17.25	72.40	Thyroid imaging; with vascular flow
78015	102.87	25.72	77.15	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	135.74	31.73	104.01	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	211.47	35.87	175.60	Thyroid carcinoma metastases imaging; whole body
78020	29.15	10.69	18.46	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	83.58	30.54	53.04	Parathyroid imaging
78075	188.50	28.63	159.87	Adrenal imaging, cortex and/or medulla
78099	I.C.	I.C.	I.C.	Unlisted endocrine procedure, diagnostic nuclear medicine
78102	82.32	21.28	61.04	Bone marrow imaging; limited area
78103	122.61	28.50	94.11	Bone marrow imaging; multiple areas
78104	151.86	30.50	121.36	Bone marrow imaging; whole body
78110	35.53	7.30	28.23	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	86.41	8.57	77.84	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
78120	61.19	9.07	52.12	Red cell volume determination (separate procedure); single sampling
78121	100.51	12.52	87.99	Red cell volume determination (separate procedure); multiple samplings
78122	154.25	17.41	136.84	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	109.82	23.72	86.10	Red cell survival study;
78135	172.11	24.84	147.27	Red cell survival study; differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration)
78140	142.86	23.49	119.37	Labeled red cell sequestration, differential organ/tissue, (eg, splenic and/or hepatic)
78160	123.49	13.11	110.38	Plasma radioiron disappearance (turnover) rate
78162	110.23	17.14	93.09	Radioiron oral absorption
78170	174.75	16.23	158.52	Radioiron red cell utilization
78172	I.C.	I.C.	I.C.	Chelatable iron for estimation of total body iron
78185	85.20	15.38	69.82	Spleen imaging only, with or without vascular flow
78190	208.10	41.26	166.84	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	246.69	23.86	222.83	Platelet survival study
78195	163.10	44.84	118.26	Lymphatics and lymph nodes imaging

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Code	Global Fee	PC ONLY	TC ONLY	Description
78199	I.C.	I.C.	I.C.	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78201	85.78	16.58	69.20	Liver imaging; static only
78202	106.12	19.75	86.37	Liver imaging; with vascular flow
78205	205.19	27.49	177.70	Liver imaging (SPECT);
78206	203.88	35.81	168.07	Liver imaging (SPECT); with vascular flow
78215	106.17	18.81	87.36	Liver and spleen imaging; static only
78216	126.62	22.01	104.61	Liver and spleen imaging; with vascular flow
78220	126.38	18.31	108.07	Liver function study with hepatobiliary agents, with serial images
78223	137.55	31.25	106.30	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
78230	81.54	16.96	64.58	Salivary gland imaging;
78231	115.25	20.31	94.94	Salivary gland imaging; with serial images
78232	124.90	18.29	106.61	Salivary gland function study
78258	115.82	28.75	87.07	Esophageal motility
78261	148.26	26.63	121.63	Gastric mucosa imaging
78262	156.57	26.80	129.77	Gastroesophageal reflux study
78264	154.84	30.11	124.73	Gastric emptying study
78267				Urea breath test, C-14; acquisition for analysis
78268				Urea breath test, C-14; analysis
78270	53.53	7.55	45.98	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271	56.32	7.55	48.77	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor
78272	83.06	10.82	72.24	Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278	183.18	37.66	145.52	Acute gastrointestinal blood loss imaging
78282	I.C.	I.C.	I.C.	Gastrointestinal protein loss
78290	116.45	25.84	90.61	Intestine imaging (eg, ectopic gastric mucosa, Meckels localization, volvulus)
78291	125.54	33.91	91.63	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78299	I.C.	I.C.	I.C.	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78300	99.00	23.91	75.09	Bone and/or joint imaging; limited area
78305	139.92	31.42	108.50	Bone and/or joint imaging; multiple areas
78306	162.24	33.35	128.89	Bone and/or joint imaging; whole body
78315	181.61	39.01	142.60	Bone and/or joint imaging; three phase study
78320	215.61	40.01	175.60	Bone and/or joint imaging; tomographic (SPECT)

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Code	Global Fee	PC ONLY	TC ONLY	Description
78350	31.11	8.43	22.68	Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
78351	56.52			Bone density (bone mineral content) study, one or more sites; dual photon absorptiometry, one or more sites
78351	11.47			(As described above in a Facility Setting)
78399	I.C.	I.C.	I.C.	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78414	I.C.	I.C.	I.C.	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	95.69	30.09	65.60	Cardiac shunt detection
78445	76.73	19.45	57.28	Non-cardiac vascular flow imaging (ie, angiography, venography)
78455	147.56	28.01	119.55	Venous thrombosis study (eg, radioactive fibrinogen)
78456	154.21	37.43	116.78	Acute venous thrombosis imaging, peptide
78457	106.03	28.67	77.36	Venous thrombosis imaging, venogram; unilateral
78458	150.66	34.08	116.58	Venous thrombosis imaging, venogram; bilateral
78459	I.C.	I.C.	I.C.	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78460	103.97	32.98	70.99	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461	183.12	46.19	136.93	Myocardial perfusion imaging; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification
78464	245.93	40.93	205.00	Myocardial perfusion imaging; tomographic (SPECT), single study at rest or stress (exercise and/or pharmacologic), with or without quantification
78465	397.10	55.07	342.03	Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
78466	104.74	26.67	78.07	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	139.63	30.75	108.88	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	189.23	35.16	154.07	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification

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Code	Global Fee	PC ONLY	TC ONLY	Description
78472	196.85	36.91	159.94	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	299.65	56.28	243.37	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78478	69.80	23.74	46.06	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)
78480	69.80	23.74	46.06	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)
78481	188.86	37.31	151.55	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483	284.03	55.91	228.12	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78491	I.C.	I.C.	I.C.	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	I.C.	I.C.	I.C.	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	248.20	44.38	203.82	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	76.06	6.53	69.53	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
78499	I.C.	I.C.	I.C.	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78580	127.17	27.59	99.58	Pulmonary perfusion imaging, particulate
78584	134.53	38.01	96.52	Pulmonary perfusion imaging, particulate, with ventilation; single breath
78585	210.04	41.72	168.32	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath
78586	91.58	15.06	76.52	Pulmonary ventilation imaging, aerosol; single projection
78587	101.95	18.75	83.20	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)

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Code	Global Fee	PC ONLY	TC ONLY	Description
78588	173.42	52.62	120.80	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections
78591	99.69	15.40	84.29	Pulmonary ventilation imaging, gaseous, single breath, single projection
78593	121.06	18.71	102.35	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection
78594	171.41	20.52	150.89	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)
78596	259.04	48.50	210.54	Pulmonary quantitative differential function (ventilation/perfusion) study
78599	I.C.	I.C.	I.C.	Unlisted respiratory procedure, diagnostic nuclear medicine
78600	101.37	16.65	84.72	Brain imaging, limited procedure; static
78601	123.21	19.74	103.47	Brain imaging, limited procedure; with vascular flow
78605	122.00	20.24	101.76	Brain imaging, complete study; static
78606	140.27	24.59	115.68	Brain imaging, complete study; with vascular flow
78607	240.19	47.15	193.04	Brain imaging, complete study; tomographic (SPECT)
78608	I.C.			Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	I.C.			Brain imaging, positron emission tomography (PET); perfusion evaluation
78610	57.21	11.17	46.04	Brain imaging, vascular flow only
78615	127.48	15.92	111.56	Cerebral vascular flow
78630	176.27	25.92	150.35	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	97.56	23.47	74.09	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
78645	125.13	22.01	103.12	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
78647	212.38	34.70	177.68	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78650	162.70	23.36	139.34	Cerebrospinal fluid leakage detection and localization
78660	85.62	20.70	64.92	Radiopharmaceutical dacryocystography
78699	I.C.	I.C.	I.C.	Unlisted nervous system procedure, diagnostic nuclear medicine
78700	108.48	17.25	91.23	Kidney imaging; static only
78701	124.06	18.45	105.61	Kidney imaging; with vascular flow
78704	146.46	28.38	118.08	Kidney imaging; with function study (ie, imaging renogram)
78707	165.80	35.93	129.87	Kidney imaging with vascular flow and function; single study without pharmacological intervention

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Code	Global Fee	PC ONLY	TC ONLY	Description
78708	174.52	45.09	129.43	Kidney imaging with vascular flow and function; single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709	181.94	52.51	129.43	Kidney imaging with vascular flow and function; multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710	201.92	25.13	176.79	Kidney imaging, tomographic (SPECT)
78715	57.84	11.28	46.56	Kidney vascular flow only
78725	67.99	14.54	53.45	Kidney function study, non-imaging radioisotopic study
78730	56.07	13.50	42.57	Urinary bladder residual study
78740	85.92	22.05	63.87	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78760	104.62	24.97	79.65	Testicular imaging;
78761	123.78	27.49	96.29	Testicular imaging; with vascular flow
78799	I.C.	I.C.	I.C.	Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	125.46	24.84	100.62	Radiopharmaceutical localization of tumor; limited area
78801	155.71	30.21	125.50	Radiopharmaceutical localization of tumor; multiple areas
78802	197.83	33.02	164.81	Radiopharmaceutical localization of tumor; whole body
78803	234.59	41.51	193.08	Radiopharmaceutical localization of tumor; tomographic (SPECT)
78805	126.04	27.34	98.70	Radiopharmaceutical localization of inflammatory process; limited area
78806	218.97	32.15	186.82	Radiopharmaceutical localization of inflammatory process; whole body
78807	231.89	41.51	190.38	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78810	I.C.	I.C.	I.C.	Tumor imaging, positron emission tomography (PET), metabolic evaluation
78890	39.82	2.08	37.74	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes
78891	79.93	3.95	75.98	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; complex manipulations and interpretation, exceeding 30 minutes
78990	I.C.			Provision of diagnostic radiopharmaceutical(s)
78999	I.C.	I.C.	I.C.	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79000	146.63	68.54	78.09	Radiopharmaceutical therapy, hyper-thyroidism; initial, including evaluation of patient

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Code	Global Fee	PC ONLY	TC ONLY	Description
79001	78.00	39.68	38.32	Radiopharmaceutical therapy, hyper-thyroidism; subsequent, each therapy
79020	146.63	68.52	78.11	Radiopharmaceutical therapy, thyroid suppression (euthyroid cardiac disease), including evaluation of patient
79030	157.25	79.71	77.54	Radiopharmaceutical ablation of gland for thyroid carcinoma
79035	172.69	95.54	77.15	Radiopharmaceutical therapy for metastases of thyroid carcinoma
79100	127.40	50.48	76.92	Radiopharmaceutical therapy, polycythemia vera, chronic leukemia, each treatment
79200	153.19	75.69	77.50	Intracavitary radioactive colloid therapy
79300	I.C.	I.C.	I.C.	Interstitial radioactive colloid therapy
79400	152.24	74.78	77.46	Radiopharmaceutical therapy, nonthyroid, nonhematologic
79420	I.C.	I.C.	I.C.	Intravascular radiopharmaceutical therapy, particulate
79440	153.01	76.61	76.40	Intra-articular radiopharmaceutical therapy
79900	I.C.			Provision of therapeutic radiopharmaceutical(s)
79999	I.C.	I.C.	I.C.	Unlisted radiopharmaceutical therapeutic procedure
R0070	30.81			Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen (Only a single reasonable transportation charge is allowed for each trip the portable x-ray supplier makes to a location.

18.05: Severability

The provisions of 114.3 CMR 18.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 18.00: M.G.L. c. 118G.